

POSITION	INTIALS	ID NO.	DATE
FEE DETERMINATION	MD		02-14
O.I.P.E. CLASSIFIER		. /	02-19-02
FORMALITY REVIEW	13	1050	3/5/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim 3 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Claim Date	Claim Date
Claim Space	Final Original	Final
	51	101
2 2Y Y Y T	52	102
2 3 1 1 1 1 1 1 1	53	103
 	54	104
4	55	105
5 5		
6	56	106
3 3 4 4 5 5 6 6 7 (7) 7 8 6 9	57	
78	58	108
9		109
[<i>O</i> 10	60	110
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12 12	62	112
3 13	63	113
19 12 13 13 16 14 15 15 16 16	64	114
15 15	65	115
16 16	66	116
1717	67	117
18	68	118
19	69	119
20	70	120
21	71	121
22	72	122
23	73	123
24	74	124
25	75	125
26	76	126
27	77	127
28	78	128
29	79	129
30	80	130
31	81	131
32	82	132
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34	84	134
35	85	135
36 .	86	136
37	87	137
38	88	138
39	89	139
	90	
40	-	140
41	91	141
42	92	142
43	93	143
44	94	144
45	95	145
46	96	146
47	97	147
48	98	148
49	99	149
50	100	150

If more than 150 claims or 10 actions staple additional sheet here

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